

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**MAILED JAN 19 1943**

Registration District No. **318**

Primary Registration District No. **7142**

Registrar's No. **214**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **5 days**  
(Specify whether  
In this community..... **Life**  
years, months or days)

3. (a) PRINT FULL NAME..... **Bernice Brown**

3. (b) If veteran, name war..... 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife If alive..... years

7. Birth date of deceased..... **June 18 1919**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**23 6 15** hr. min.

9. Birthplace..... **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **N.Y.A. Worker**

11. Industry or business..... **Hospital**

12. Name..... **Jesse Brown**

13. Birthplace..... **Miss.**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Anna Avington**

15. Birthplace..... **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Brown**

(b) Address..... **2630 Randolph Street**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... **1-8-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Father Dickson**

18. (a) Signature of funeral director..... **James J. Brown**

(b) Address..... **2629-31 Cole Street**

19. (a) **JAN 8 1943** (b) **J. T. Brudick**  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town..... **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2630 Randolph**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **3,**  
year..... **1943** hour..... **10** minute..... **25** P. M.

21. I hereby certify that I attended the deceased from..... **December 29,** 19**42** to..... **January 3,** 19**43**  
that I last saw her alive on..... **January 3,** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary Tuberculosis** Duration..... **6 weeks?**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **Alva Moore** (M. D. or other)  
Address..... **2601 Whittier** Date signed..... **1/4/43**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*William Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4221 W. Cote Brillie*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**